TOWN OF PLATTEKILL

Summer Recreation

PLEASE PRINT, FILL IN ALL SECTIONS THAT APPLY

CHILD'S NAME **AGE** **DATE OF BIRTH**

PARENT/GUARDIAN NAME

ADDRESS

HOME PHONE **CELL PHONE**

EMERGENCY CONTACTS:

NAME **RELATIONSHIP** **PHONE NUMBERS**

IMMUNIZATIONS: PLEASE ATTACH A CURRENT COPY OF IMMUNIZATION RECORD

ALLERGIES: Please list any allergies below:

MEDICATIONS: Please list any medications taken within the last 6 months and the reason below. **PLEASE NOTE:** Any child who takes medication during the school year will be expected to continue to take the medication during the Summer Recreation Program.

SUMMER DAY CAMP RULES TO PARENTS (please read carefully):

I certify that my child is in good physical health and can participate in physical activities. I hereby give my permission for my child to attend the Plattekill Summer Day Camp, its trips and swimming program. I give permission for my child to be treated by the physician/emergency room on call for the day camp. I agree that my child will abide by the rules and regulations of the day camp and I will take full responsibility for the behavior and actions of my child while attending the day camp. I understand that my child will be **DISMISSED** from the program **AND TUITION WILL NOT BE REFUNDED** for unacceptable or unsafe behavior.

Parent/Guardian Signature Print Name

Date

P.O. BOX 45, 1915 RTE 44-55, MODENA, NY 12548
(845) 883-7331 FAX (845) 883-7207